



MISSISSIPPI STATE DEPARTMENT OF HEALTH

TO: Prospective Conrad State 30 J-1 Visa Waiver Program Employers/Sponsors

FROM: Director
Mississippi Office of Rural Health and Primary Care

RE: Mississippi Conrad State 30 J-1 Visa Waiver Program Application

The Office of Rural Health and Primary Care (PCO), within the Office of Health Policy and Planning has been designated as the Division to serve as a State Contact and clearinghouse for the above referenced program. The PCO will administer the program in a fair and consistent manner, as well as provide technical assistance to all entities interested in developing either the "Site Predetermination Application" or "complete Conrad State 30 J-1 Visa Waiver Program Application" for placement of a foreign-trained J-1 Visa Waiver provider. Attached please find the Mississippi Conrad State 30 J-1 Visa Waiver Program Application, Addendum for Specialists, and Guidelines.

THE FOLLOWING IS IMPORTANT INFORMATION PERTAINING TO THE MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER APPLICATION PROCESS:

- Health care facilities/sites interested in employing J-1 Visa Waiver physicians must submit a written correspondence to the Office of Rural Health and Primary Care requesting the J-1 VISA Application Packet and requesting that a "Site Predetermination" be conducted.
- The Site Predetermination Application (***Sections A through F of the Conrad State 30 J-1 VISA Application constitute the Site Predetermination Application***) must be submitted. Applicants should be certain to include all of the information and documentation required by **Sections A through F** of the Application in order to complete the Site Predetermination process. No action in regards to the "Site Predetermination" will be taken prior to submission of these required items and supporting documentation.
- Once the Site Predetermination Application is submitted to the PCO, the health care facilities/sites can publish the legal notice announcing intent to apply for the Conrad State 30 J-1 VISA WAIVER and afterwards submit the complete Mississippi Conrad State 30 J-1 VISA WAIVER APPLICATION (***Section G provides the requirements of the complete application***) to the PCO. Please note that **Section G** requires that **Sections A through F** be submitted again with the complete Conrad State 30 J-1 Visa Waiver Application.
- Information on currently designated health professional shortage areas (HPSAs) for primary medical care or mental health recommendations will be provided upon request.
- Medical facilities located in those counties which are a part of the Appalachian Regional Commission (ARC) are not eligible to recruit primary care J-1 Physicians through this Conrad State 30 J-1 Visa Waiver Program. Primary Care includes: family practice, general practice, general pediatrics, obstetrics, and general internal medicine. The ARC J-1 Visa Waiver

Program must be used by these facilities located in those counties which are a part of the Appalachian Regional Commission (ARC) to recruit primary care providers. However, those facilities can recruit psychiatrists and specialist under this Conrad State 30 J-1 Visa Waiver Program.

- A non-refundable processing fee of \$1,500.00 is required to process a Mississippi Conrad State 30 J-1 Visa Waiver Application. A check or money order from the sponsoring facility should be payable to the Mississippi State Department of Health and submitted with the completed Conrad State 30 J-1 Visa Waiver Application. No complete Conrad State 30 J-1 Visa Waiver Application will be processed without payment of the processing fee.
- If the “Site Predetermination” information appears favorable, your health care facility may request and receive technical assistance in developing the complete Mississippi Conrad State 30 J-1 Visa Waiver Application (**Section G provides information on the submission requirements of the complete Conrad State 30 J-1 Visa Waiver Application**).
- The review cycle should be completed within 180 days.
- The US Department of State requires that the J-1 Visa Waiver Data Sheet be submitted to the appropriate address contained in the Department's policies, along with the user processing fee identified on the U.S. Department of State website and two self-addressed, stamped, legal-size envelopes. A USIA file number will be assigned, and must be placed on each page of the Mississippi Conrad State 30 J-1 Visa Waiver Application. The US Department of State's mailing address and a copy of their required data sheet is included in this packet.

If there are questions, please contact the Office of Rural Health and Primary Care at 601-576-7216.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER PROGRAM APPLICATION

Section A
Mississippi Conrad State 30 J-1 Visa Waiver Program Application
Cover Letter Template

Director
Mississippi Office of Rural Health and Primary Care
Mississippi State Department of Health
Post Office Box 1700
Jackson, MS 39215-1700

Dear (Insert Name of Director):

The MSDH, Office of Rural Health and Primary Care Cover letter for the Conrad State 30 J-1 Visa Waiver Program should be provided on employing facility's official letterhead (letterhead should contain the address, phone number and FAX number if facility has a fax number).

The cover letter (with original signature) must INCLUDE THE FOLLOWING:

1. A complete description of the program or activity in which the foreign-trained provider will be engaged, and proposed office hours available to the community.
2. Name of doctor and medical specialty; name and location of last educational/training program where provider obtained degree; and country of origin.
3. Complete address of practice location(s) including street address, city and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
4. Certification that the facility or practice where the J-1 physician will work must have been operational at least (6) months. Evidence should include the business license and occupancy permit and staffing list.
5. If this application is for a specialist also include the following in the cover letter: listing of all specialists in same specialty in service area, their number of hours available to patients within the service area, information on the proposed specialists referral pattern, and a section providing the information required in Section O of this application packet "Addendum for Specialist" for the applicable specialist category.
6. Please submit with the Site-Predetermination Application: A signed copy of the "Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines", as signed by the executive of the sponsoring medical facility and applying physician. Signed copies indicate that you have read and understand the requirements of the J-1 physician's waiver service commitment, and that the employer will structure the J-1 physician's practice so as to facilitate the J-1's compliance with these requirements.
7. Federal regulations allow states to choose to recommend placement of a J-1 provider at a facility that is not located in a HPSA. However, the facility must provide proof that 25% of individuals being served by the facility reside in a HPSA. Facility must identify HPSA and provide patient origin data obtained within the last 12 months as proof. The placement must still result in a provider to population ratio of at least 3000:1 or greater.

Section B. MISSISSIPPI'S J-1 VISA WAIVER PROGRAMS SITE - PREDETERMINATION APPLICATION

Current HPSA Designation (county, service area, poverty) _____

Applying For: ☒ **USDA** ☒ **ARC** ☒ **STATE 30**

Type of Practice: ☒ **public** ☒ **private, non-profit** ☒ **private, for profit**

Name and Address of Practice Site:	Name and Address of Sponsoring Agency (if different from Practice Site):
List Current Staffing Of Practice Site:	List Each Position That You Will Potentially Need To Fill With a J-1 VISA Holder: <u>Specialty</u> _____ <u>Approximate Date Needed</u> _____
Name, Title and Telephone No. Of Contact Person:	Is prospective foreign-trained provider more than 210 days "out-of-status" with INS? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Provide a copy of their resume, include board certification information and immigration status (all IAP-66 forms, etc.); and tentative employment contract.
Name and Specialty of Prospective Provider:	

ASSURANCES

Must be initialed by CEO or Appropriate Agency Representative

- ___ **A.** We accept all patients regardless of their ability to pay. *Provide written adopted and dated organizational policy.
- ___ **B.** We implement a schedule of discounts or sliding fee scale for patients whose income is under 200% of the federal poverty level.
 A copy of the sliding fee schedule is posted in a conspicuous place in the waiting area for all patients to see.
 *Enclose a copy of your sliding fee scale and provide instructions for interpretation. Sliding fee not required for specialist placements.
- ___ **C.** We accept Assignments of Medicaid and Medicare Part B. *Enclose Verification from Medicaid and Medicare.
- ___ **D.** We provide a service continuum that includes comprehensive primary and/or mental health care. *Enclose Brief Documentation.
- ___ **E.** We provide appropriate arrangements for secondary, tertiary and after-hours care. *Enclose Brief Documentation.
- ___ **F.** Funds are currently available to support identified position(s), including support personnel.
(Salary must be comparable to U.S. physicians in the geographical area.)
- ___ **G.** Attempts to recruit an American citizen for the position(s) listed have failed to date but remain ongoing.
 * Enclose Brief Documentation or evidence of recruitment efforts during the six-month period preceding the date of this application ,
 i.e. recruitment ads from newspapers, national publications (required), medical school contacts, etc.

REQUIREMENT

Must be as detailed as possible, with appropriate justification and documentation

1. Provide a description of the unmet need in the community; any access barriers which are unique to the site's service area; and how the foreign provider will satisfy and reduce the unmet need. (Note: Pediatric, specialists and obstetrical requests should be specific to that population.)
2. Describe the current health care resources in the area, i.e., primary care clinics, hospitals, number of full-time equivalent primary care physicians by name and specialty and number of hours available to patients. This information is vital in determining FTE providers.
3. Provide support letters from the majority of the local practicing physicians, area hospital administrator(s) and community leaders.
4. In addition to items 1 and 2 above, for those seeking placements of SPECIALISTS, support letters from the majority of the local or referring physicians within the service area and specific to the practice specialty must be provided. Please review the attached Guidelines.
5. In addition to items 1, 2 and 3, if applicable, for new NON-HOSPITAL EMPLOYER APPLICANTS, submit substantial evidence of the need in the community for an additional provider; provide audited or personal financial statement documenting viability of the employing entity; provide statement as to the size and nature of current practice and how the J-1 physician will be utilized (e.g. J-1 will replace retiring or departing physician); and provide evidence of public service rendered by the employing entity (percentage of practice spent serving Medicaid, Medicare and/or indigent patients, respectively).

I certify that to the best of my knowledge and belief, all data provided in this application and on the attached pages are true and correct.

Chief Executive Officer Or Agency Representative (Signature): _____ **Date** _____

Section C

Mississippi Conrad State 30 J-1 Visa Waiver Program Application

Certification of Compliance with the Mississippi Conrad State 30 J-1 Visa Waiver Program

The Office of Rural Health and Primary Care will review each waiver application to ensure that the proposed placement will not affect the practice of a U.S. physician or compromise delivery of health care in the HPSA service area. *A Site Predetermination Application is required to determine if the proposed site will qualify for a J-1 Physician placement.*

The Mississippi State Department of Health is wholly responsible for the interpretation of these Guidelines. The factors that will determine approval or denial will be based on, but not limited to, the following:

1. Physician to population ratio of 1:3000 in the HPSA service area, including practicing National Health Service Corps physicians and J-1 physicians serving their commitments;
2. Verification that the employer has a written policy that states that the Mississippi Conrad State 30 J-1 VISA physician will accept all patients regardless of their ability to pay and utilize a schedule of discounts or sliding fee scale;
3. The Mississippi Conrad State 30 J-1 VISA physician's commitment to practice primary care exclusively if the placement is to provide primary care even though he/she may have had sub-specialty training;
4. The foreign trained physician is committed to the area and working with the system of care that is within the service area; and
5. Assurance that the proposed services to be delivered by the J-1 physician does not have an adverse effect on other programs and policies of the state of Mississippi.

I have read and fully understand the terms and conditions of the Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines.

Signature of Applying Physician

Date

I have read and fully understand the terms and conditions of the Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines.

Signature, CEO, Sponsoring Medical Facility

Date

A signed copy of the ***“Mississippi Conrad State 30 J-1 Visa Waiver Program”*** Guidelines must be submitted with this signed certification compliance page.

SECTION D
Mississippi Conrad State 30 J-1 Visa Waiver Program
No Objection Statement ATTESTATION

I, (please print) _____,
Applying Physician, do hereby declare and certify, that
a "No Objection" letter is not required because I am
not contractually obligated to return to my home
country.

CERTIFICATION SECTION (have this page notarized)

I declare under the penalties of perjury that the foregoing is true and correct.

Signature Applying Physician

Date

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

☐ Please check this box if a "No Objection" letter from the home government or applying physician's embassy in Washington, DC indicating that the home government has no objection to the waiver is enclosed with this application.

If a "No Objection" letter is required, please refer to Section 101.16 of the Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines for additional instructions regarding this requirement. The guidelines are located in Section P of this application packet.

SECTION E
Mississippi Conrad State 30 J-1 Visa Waiver Program
Applying Physician None Relation/Acquaintance ATTESTATION

I, (please print) _____,

Applying Physician, do hereby declare and certify, that I
am not a relative or acquaintance of the employer.

CERTIFICATION SECTION (have this page notarized)

I declare under the penalties of perjury that the foregoing is true and correct.

Signature Applying Physician

Date

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

SECTION F
Mississippi Conrad State 30 J-1 Visa Waiver Program
Employer None Relation/Acquaintance ATTESTATION

I, (please print) _____,
CEO, Sponsoring Medical Facility, do hereby declare and certify,
that the (please print) _____, Applying
Physician, is not a relative or acquaintance of the employer.

CERTIFICATION SECTION (have this page notarized)

I declare under the penalties of perjury that the foregoing is true and correct.

Signature, CEO, Sponsoring Medical Facility

Date

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

Section G
Mississippi Conrad State 30 J-1 Visa Waiver Program
Complete Application PACKET for Physicians

Please provide an original and two (2) copies of the **Mississippi J-1 Visa Waiver Programs Site-Predetermination Application Form** (Sections A through F of this Application) **and the information listed below assembled in the following order.** A cover letter and Table of Contents must be included. Each section should be separated by a tab. Each individual copy of the application should be bound with a two- prong clasp placed horizontally at the top of the page. **The USIA File Number must be included on all pages.**

The items listed in 1 through 28 below are required to be submitted to the MS Office of Rural Health and Primary Care:

1. The MSDH, Office of Rural Health and Primary Care cover letter from sponsoring/submitting entity, with original signature, on the facility's letterhead, and G-28, if appropriate. Office of Rural Health and Primary Care cover letter format template is provided in **Section A** of the Application Packet.
2. The Mississippi J-1 Visa Waiver Programs Site-Predetermination Application (Sections A through F) and all of the documentation required by the form.
3. Verification that Sponsoring Medical Facility accepts assignment of Medicaid and Medicare.
4. Mississippi State Department of Health's Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines (Signed and dated; Original signatures required.)
5. Two copies of the US Department of State Data Sheet (blank copy at their website.)
6. Readable copies of J-1's IAP-66 forms for each year in J-1 status (from entry to the present). Foreign trained provider must not have been "out-of-status" for more than 180 days since receiving a visa.
7. CV, including Social Security Number.
8. Copy of notarized, dated, executed tentative employment contract (See "Employment Contract" Section of Guidelines for minimum requirements.)
9. Documentation of employer's regional and national recruitment efforts (See "Recruitment" Section of Guidelines for minimum requirements).
10. Proof of current HPSA designation or required HPSA information, if facility not located in a HPSA (see item #7 Section A- Cover Letter Template of this application packet if facility not located in a HPSA).
11. Three or more letters of community support from community leaders, three or more letters from local physicians, and letters from hospital administrators serving area. Depending on the # of physicians serving the service area, additional support letters from local physicians may be requested.
12. Three or more letters of recommendation from those who know the J-1 physician's qualifications.
13. Qualifications (copies of diplomas, licenses, board certification). Including board certification for Mississippi.
14. Proof of facility's existence (business license, occupancy permit, phone book listing, etc.) Further documentation may be required.
15. List of all psychiatrists or primary care physicians in the area, their fields of practice, and number of hours available to patients within the service area.
16. If specialist, provide listing of all specialists, their fields of practice, and number of hours available to patients within the service area, and include information on the proposed specialists referral pattern.
17. I-94.

Section G (continued)
Mississippi Conrad State 30 J-1 Visa Waiver Program
Complete Application PACKET for Physicians

18. Certification of Compliance with Mississippi Conrad State 30 J-1 Visa Waiver Program.
19. Notarized Attestation that there is no objection by home country to waiver (See Section 101.16 of Guidelines). The guidelines are in Section P of this application packet.
20. Notarized attestation by applying physician that applying physician and employer and staff were not acquainted or related prior to his/her application.
21. Notarized attestation by employer that employer and staff were not acquainted or related with the applying physician prior to his/her application.
22. Copy and Proof of Legal Notice Publication regarding intent to apply for J-1 Visa Waiver. (See Section H of Application).
23. Certification of Compliance with Mississippi Conrad State 30 J-1 Visa Waiver Program Policy for Charges for Health Care Services.
24. Notarized USIA Exchange Visitor Attestation form (included in packet).
25. Notarized USIA Employer Attestation form (included in packet).
26. Certification of Compliance with Mississippi Conrad State 30 J-1 Visa Physician Verification of Employment.
27. Certification of Compliance with Mississippi Conrad State 30 J-1 VISA Physician Transfer Notification Form.
28. Completed USIA Return Address label form.

Section H
Mississippi Conrad State 30 J-1 Visa Waiver Program Application
Legal Notice Publication Requirement

Once the Site Predetermination Application for the *Mississippi Conrad State 30 J-1 Visa Waiver Program* is submitted to the Mississippi State Department of Health, Office of Rural Health and Primary Care, the sponsoring health care facility is required to publish a legal notice in their local newspaper and a state newspaper of general circulation in accordance with the following format. The Proof of Publication of this notice must be submitted with the complete application.

Format for Legal Notice Publication

On_____, 200__, (insert name of J-1 sponsoring medical facility) requested that the Mississippi State Department of Health support a J-1 VISA waiver of the two-year foreign residency requirement of (insert applying physician name) in exchange for (identify which: Primary Care or Specialty Care) health services to (insert name of underserved area), an underserved area of the state, if approved by the U.S. Department of State.

Copies of the letter of support and/or opposition can be submitted to the sponsoring facility, or to the Director, Office of Rural Health and Primary Care, Mississippi State Department of Health, P.O.Box 1700, Jackson, MS 39215-1700.

SECTION I
Mississippi Conrad State 30 J-1 Visa Waiver Program Application
Policies for Charges for Health Care Services
Compliance Certification Page

I, (please print)_____ representing the facility, hereby declare and certify, that the facility has adopted the following policies for charges for health care services and will post a notice indicating the information below in a publicly displayed area in our facility.

N O T I C E

THIS PRACTICE HAS ADOPTED THE FOLLOWING POLICIES FOR CHARGES FOR HEALTH CARE SERVICES

We will charge persons receiving health services at the usual and customary rate prevailing in this area. Health services will be provided at no charge, or at a reduced charge, to persons, unable to pay for services. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.

We will not discriminate against any persons receiving health services because of his/her inability to pay for services, or because payment for the health services will be made under Part A or B of Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act.

We will accept assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVIII ("Medicare") of the Act.

We have an agreement with the State agency which administers the State Plan for medical assistance under Title XIX ("Medicaid") of the Social Security Act to provide services to persons entitled to medical Assistance under the plan.

Signature, CEO Sponsoring Medical Facility

Date

SECTION J
Mississippi Conrad State 30 J-1 Visa Waiver Program Application
USIA EXCHANGE VISITOR ATTESTATION

I, (please print) _____ hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not now have pending, nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the U. S. Department of Agriculture, to act on my behalf in any matter relating to a waiver of my two-year home-country physical-presence requirement.

CERTIFICATION SECTION (have this page notarized)

Signature of Applying Physician

Date

I declare under the penalties of perjury that the foregoing is true and correct.

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

SECTION K
Mississippi Conrad State 30 J-1 Visa Waiver Program Application
USIA EMPLOYER ATTESTATION

I, (please print) _____
hereby declare and certify, under penalty of the provisions
of 18 U.S.C. 1001, that _____
(medical facility) is located in a primary medical care or
mental Health Professional Shortage Area and provides medical
care to both Medicare and Medicaid-eligible patients and
indigent, uninsured patients.

CERTIFICATION SECTION (have this page notarized)

Signature, CEO, Sponsoring Medical Facility

Date

I declare under the penalties of perjury that the foregoing is true and correct.

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)

SECTION L
Mississippi Conrad State 30 J-1 Visa Waiver Program Application
J-1 VISA PHYSICIAN VERIFICATION OF EMPLOYMENT FORM
Compliance Certification Page

I (please print) _____ on
behalf of the sponsoring facility, hereby declare and
certify that the facility will comply with the
requirement to submit the J-1 VISA Physician Employment
Verification FORM in accordance with the guidelines.

Signature, CEO, Sponsoring Medical Facility

Date

I (please print) _____
(applying physician), hereby declare and certify that I
will comply with the requirement to submit the J-1 VISA
Physician Employment Verification FORM in accordance
with the guidelines.

Applying Physician Signature

Date

SECTION M
Mississippi Conrad State 30 J-1 Visa Waiver Program Application
J-1 VISA PHYSICIAN TRANSFER NOTIFICATION FORM
Compliance Certification Page

I (please print) _____ on
behalf of the sponsoring facility, hereby declare and
certify that the facility will comply with the
requirement to submit the J-1 VISA Physician Transfer
Notification FORM in accordance with the guidelines.

Signature, CEO Medical Facility

Date

I (please print) _____
(applying physician), hereby declare and certify that I
will comply with the requirement to submit the J-1 VISA
Physician Transfer Notification FORM in accordance with
the guidelines.

Applying Physician Signature

Date

SECTION N
Mississippi Conrad State 30 J-1 Visa Waiver Program Application
US DEPARTMENT OF STATE INFORMATION

Please be advised that The US Department of State requires that the J-1 Visa Waiver Data Sheet, along with supporting documentation and their processing fee be sent to:

Postal Service
US Department of State
Waiver Review Division
Post Office Box 952137
St. Louis, MO 63195-2137

Courier Service
US Department of State
Waiver Review Division
(Box 952137)
1005 Convention Plaza
St. Louis, MO 63101-1200

Website address for forms: <http://travel.state.gov/DS-3035.pdf>
Status inquiries on a waiver application must call 202-663-1600 or 202-663-1225

You can also review the following at the US Department of State website:

US Department of State J-1 Visa Waiver Review Application
US Department of State J-1 Visa Waiver Review Application Instructions

SECTION O
Mississippi Conrad State 30 J-1 Visa Waiver Program Application

ADDENDUM FOR SPECIALIST

MINIMUM CRITERIA IN DETERMINING NEED FOR SPECIALIST

NOTE: The following are draft criteria by specialty. The criteria may be modified at a later date, and additional criteria will be added as different specialists are requested. Please contact the Office of Rural Health and Primary Care for the updated criteria.

ANESTHESIOLOGY:

name and address of all affiliated facilities specialists will practice, especially if multiple sites; and state whether inpatient or outpatient facility; effect on existing providers; work hours of current specialist; and age of current specialists

of specialists in the county in all healthcare settings; distance to nearest specialist in another county

current and proposed patients provided service at the facility
Unique conditions for the area/facility - trauma center; types of surgical procedures being performed

of beds at admitting hospitals/admission rates/# of surgeries per year

CARDIOLOGY/CARDIOVASCULAR DISEASE:

of specialists (including pediatric specialist, identify separately) in the county; distance to nearest specialist in another county; age of current specialists; effect on existing providers; work hours of current specialist

Patients identified in county with heart disease and other types of related conditions; plus projected numbers and rationale for projection; current and projected workloads to be encountered

Cardiac cath labs/# of procedures annually

Geriatric residents (65+) in county; and percent growth of this population in the next five to ten years

CVD rates/stroke rates - compare county with state

of disabled individuals, % of population disabled age (20 - 64)

Referral system; On-call sharing

Practice/Specialty includes child, adults or both?

**Mississippi Conrad State 30 J-1 Visa Waiver Program Application
ADDENDUM FOR SPECIALIST (continued)**

GASTROENTEROLOGY:

of specialists (including pediatric specialist, identify separately) in the county; distance to nearest specialist in another county; effect on existing providers; work hours of current specialist; and age of current specialists

Patients identified in county with need for service; possible future numbers, plus rationale

Increased demand for screening colonoscopies; # of GI/endoscopies procedures to be performed (over the past several years); scheduling backlog?

Increased number of patients aged 50 and older (plus percentage); compared to state percentage

Referral system; On-call sharing; affiliation agreements with other health care entities, especially hospitals

Colorectal cancer deaths in county or service area

Name of hospital with formal transfer agreements, for emergency transfer of patients

Practice/Specialty includes child, adults or both?

INFECTIOUS DISEASE/IM:

of specialists (including pediatric specialist, identify separately) in the county; distance to nearest specialist in another county; effect on existing providers; work hours of current specialist; and age of current specialists

Patients identified in county with need for service; possible future numbers, plus rationale

Referral system; affiliation agreements with other health care entities, especially hospitals; On-call sharing

Patients identified in county with infectious diseases by types and other related conditions; plus projected numbers and rationale for projection; current and projected workloads to be encountered; scheduling backlog?

Practice/Specialty includes child, adults or both?

**Mississippi Conrad State 30 J-1 Visa Waiver Program Application
ADDENDUM FOR SPECIALIST (continued)**

NEPHROLOGY:

of specialists (including pediatric specialist, identify separately) in the county; distance to nearest specialist in another county; effect on existing providers; work hours of current specialist; and age of current specialists

Patients identified in county with end stage renal disease; possible future numbers, plus rationale

Patients on dialysis; possible future numbers, plus rationale

Geriatric residents (65+) in county

Medicare enrollment and percent of county population, # Aged, # disabled, # ESRD

Diabetic patients or diabetes mortality rate in comparison to state rate

Nephritis mortality rate in comparison to state rate

ESRD facilities in county

of disabled individuals aged 65+/- aged 20 -64

Referral system; On-call sharing

Practice/Specialty includes child, adults or both?

NEUROLOGY:

of specialists (including pediatric specialist, identify separately) in the county; distance to nearest specialist in another county; effect on existing providers; work hours of current specialist; and age of current specialists

Patients identified in county with need for service; possible future numbers, plus rationale

Referral system; affiliation agreements with other health care entities, especially hospitals; On-call sharing

Patients identified in county with neurological diseases/disorders by type and other related conditions; plus projected numbers and rationale for projection; current and projected workloads to be encountered; scheduling backlog?

Practice/Specialty includes child, adults or both?

Mississippi Conrad State 30 J-1 Visa Waiver Program Application
ADDENDUM FOR SPECIALIST (continued)

OPHTHALMOLOGY:

of specialists (including pediatric specialist, identify separately) in the county; distance to nearest specialist in another county; effect on existing providers; work hours of current specialist; and age of current specialists

Patients identified in county with need for service; possible future numbers, plus rationale

Referral system; affiliation agreements with other health care entities, especially providers; On-call sharing

Patients identified in county with pulmonary conditions by type and other related conditions; plus projected numbers and rationale for projection; current and projected workloads to be encountered; scheduling backlog?

#Geriatric residents (65+) or other resident population predominantly served in county

Practice/Specialty includes child, adults or both?

PULMONARY DISEASE/MEDICINE:

of specialists (including pediatric specialist, identify separately) in the county; distance to nearest specialist in another county; effect on existing providers; work hours of current specialist; and age of current specialists

Patients identified in county with need for service; possible future numbers, plus rationale

Referral system; affiliation agreements with other health care entities, especially providers; On-call sharing

Patients identified in county with pulmonary conditions by type and other related conditions; plus projected numbers and rationale for projection; current and projected workloads to be encountered; scheduling backlog?

#Geriatric residents (65+) in county

Practice/Specialty includes child, adults or both?

**Mississippi Conrad State 30 J-1 Visa Waiver Program Application
ADDENDUM FOR SPECIALIST (continued)**

RADIOLOGY (Diagnostic, Vascular/Intervention, Pediatric):

of specialists (including pediatric specialist, identify separately) in the county; distance to nearest specialist in another county; effect on existing providers; work hours of current specialist; and age of current specialists

Patients identified in county with need for service; possible future numbers, plus rationale

Referral system; affiliation agreements with other health care entities, especially providers; On-call sharing

Cancer Incidence Rates

Malignant neoplasm mortality

MRI procedures

Diagnostic radioscopic procedures

Practice/Specialty includes child, adults or both?

SURGERY:

name and address of all affiliated facilities specialists with practice, especially if multiple sites; and state whether inpatient or outpatient facility; effect on existing providers; work hours of current specialist; and age of current specialists

of specialists in the county in all healthcare settings; distance to nearest specialist in another county

current and proposed patients provided service at the facility

Unique conditions for the area/facility- trauma center; types of surgical procedures being performed

of beds at admitting hospitals/admission rates/# of surgeries per year

SECTION P

Chapter 01 MISSISSIPPI J-1 VISA WAIVER GUIDELINES

"STATE 30 PROGRAM and STATE 30 SPECIALTY PROGRAM"

- 100 The Mississippi Department of Health (MSDH) is committed to assuring that all Mississippi residents have access to quality, affordable health care. The Office of the State Health Officer maintains the responsibility within the state of recommending and processing, through its Office of Rural Health and Primary Care, J-1 VISA waiver requests for the United States Information Agency's "State 30 Program".
- 100.01 The primary purpose of the Mississippi J-1 Visa Waiver Program through the "State 30 Program" is to improve access to primary health care in physician shortage areas in Mississippi and secondarily, to needed specialty care, by sponsoring physicians holding J-1 Visas.
- 100.02 The State of Mississippi recognizes that the J-1 Visa Waiver Program through the "State 30 Program" affords J-1 VISA holders the privilege of waiving their two-year foreign residency requirement in exchange for providing primary or specialty medical care in designated health professional shortage areas.
- 100.03 The operation of the Mississippi J-1 Visa Waiver Program through the "State 30 Program" is designed to be consistent with other health care programs and policies of the State of Mississippi.
- 100.04 The purpose of the following Guidelines is to articulate the conditions under which the State of Mississippi will request a waiver for physicians holding J-1 Visas through the "State 30 Program".
- 100.05 The review cycle begins upon MSDH receipt of the Site Pre-Determination Application and must be concluded within 180 days.
- 100.06 The operation of the Mississippi J-1 Visa Waiver Program through the "State 30 Program" will in no way interfere with any other J-1 Visa Waiver Program including, but not limited to, placements through the MSDH Office of Rural Health and Primary Care for the Appalachian Regional Commission. The Mississippi J-1 Visa Waiver Program through the "State 30 Program" is a separate and distinct program from any other program and is an additional program to any now operating within the State of Mississippi.
- 100.07 Before a completed application is submitted with the \$1,500.00 processing fee, the potential employer must submit a Site Predetermination Application to determine if the proposed J-1 physician placement will qualify for the Program.
- 100.08 The Mississippi Department of Health's Guidelines are completely discretionary, voluntary, and may be modified or terminated at any time. The submission of a complete waiver PACKET to the MSDH does not ensure an automatic waiver recommendation. In all instances, MSDH reserves the right to recommend or deny any request for a waiver.

- 100.09 Definition of a Health Professional Shortage Area (HPSA)* - Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services shall designate HPSAs based on criteria established by regulation. HPSAs are defined to include geographical areas - urban and rural, population groups, and facilities with shortages of primary health care and mental health providers.

Geographical Area Designated HPSAs - Three basic determinations are required for this request: (1) the geographical area involved must be rational for the delivery of health services, (2) a specified population-to-practitioner ratio representing shortage must be exceeded within the area, and (3) resources in contiguous areas must be shown to be over utilized, excessively distant, or otherwise inaccessible.

Population Designated HPSAs - Requests for a J-1 physician to practice in a population-designated HPSA must include evidence that at least 51 percent of the facility's patients are members of the designated population.

Facility Designated HPSAs - This applies to correctional facilities and state mental hospitals. Some public and non-profit private facilities located outside designated HPSAs may be designated if they are shown to be accessible to and serving a designated geographic area or population group HPSA.

*Definitions obtained from the Office of Shortage Designation in Bethesda, Maryland

- 100.10 An Employer/Medical Facility eligible to recruit and hire J-1 VISA physicians through the Program must be a facility that meets one of the following criteria:
1. a public health facility, an ambulatory medical facility, a community health center, a community mental health center; or
 2. a hospital or state mental hospital.

101 **GENERAL GUIDELINES:**

- 101.01 The State of Mississippi is prepared to request through the Program waivers for physicians holding J-1 Visas for waiving the two-year foreign residency requirement. All conditions of the following Mississippi J-1 Visa Waiver Guidelines must be met. Employers are encouraged to impose additional provisions in order to assure that the delivery of care is consistent with their facility's policies.

1. Physicians who have completed a U.S. residency training program in family practice, general practice, general internal medicine, general pediatrics, and obstetrics/gynecology are considered primary care physicians and are eligible to participate in the Mississippi's "Conrad State 30" J-1 Visa Waiver Program. Psychiatrists may also be considered for the program. Physicians with other specialties are not considered primary care physicians for the purpose of the Program.
2. Physicians trained in other specialties may be considered for placement in designated areas of shortage in accordance with the addendum to these

Guidelines for Specialists Only. The addendum pertaining to the placement of specialists is contained in the guidelines. The Office of Rural Health and Primary Care will work with applicants for specialty areas not currently listed in the guidelines.

3. It is recognized that emergency rooms are utilized for primary care services by some populations. Requests for emergency room physicians will be considered, however, as a specialty and will require documentation that primary care services are inadequate within the service area.
4. The medical facility or practice must be located in a county or portion of county currently designated by the United States Department of Health and Human Services as a HPSA for primary medical care or mental health, in the case of the recruitment of psychiatrists.
5. All requests must be fully documented as to the need for the primary care or mental health physician in the community. At a minimum, include the following:
 - a. a geographic description or rural character of the service area;
 - b. a description of the unmet need (such as gaps in service, waiting times, environmental factors, ethnic health care issues, etc.) within the community; discussions of barriers to the specific medical service or unique circumstances in regards to environment, community or service; percentage of medically indigent patients served by the site, not including Medicare or Medicaid patients; and how the J-1 VISA physician will satisfy and reduce the unmet need; and
 - c. a list of all health care resources in the community, i.e., primary care clinics, hospitals, number of primary care physicians by specialty. A list of primary care/psychiatric physicians, including J-1 and H-1B, and loan-repayment physicians, currently practicing in the HPSA must also be included.
 - d. a description of the activities that have occurred to recruit a U. S. physician. Refer to the "Recruitment" section for specifics.
6. Only the number of physicians needed to eliminate the physician shortage will be recommended. The number of J-1 physicians approved for placement within a currently designated HPSA will generally be limited to the threshold, i.e. the number of additional primary care physicians needed for the area to meet a population-to-physician ratio of 3000:1. Consideration will be given to placement of physicians in areas which do not meet the threshold requirement if there is a documented critical need for a particular primary care specialty. All full-time equivalent U. S. primary care providers and foreign providers, placed through the J-1 Visa Waiver programs, will be counted when determining threshold capacity.
7. Waiver requests must be submitted by the employer or the employer's representative. All employment contracts must be between the sponsoring employer and the J-1 VISA physician.

8. The facility or practice where the J-1 physician will work must have been operational at least six months at the time the waiver request is submitted. Evidence should include the business license and occupancy permit, facility address, fax and telephone numbers, staffing list. Exceptions may be considered.
9. The facility or practice must accept all patients regardless of ability to pay. The sponsoring entity must agree to provide services to individuals without discriminating against them because (a) they are unable to pay for those services and/or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided.
10. The facility must post a schedule of discounts or an adopted sliding fee scale in its waiting room. Charges must be discounted for persons at or below 200 percent of poverty level. If the person is unable to pay the charge, such person shall be charged at a reduced rate in accordance with an adopted and utilized policy or not charged at all. The notice in the waiting room must contain at least the information set forth in the sample notice provided in this application PACKET.
11. The J-1 VISA physician must accept assignment under Section 1842 (b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVIII of such act (Medicare).
12. The J-1 VISA physician must enter into an appropriate agreement with the Mississippi state agency which administers the state plan for medical assistance under Title XIX of the Social Security Act (Medicaid) to provide services to individuals entitled to medical assistance under the plan.
13. The employer must make known to the HPSA community that the J-1 physician will comply with the terms and conditions stated in the Guidelines by posting a notice in a conspicuous place in the waiting area of the practice stating that all patients will be seen regardless of their ability to pay.
14. The waiver request must include support letters from the majority of the local practicing physicians, area hospital administrator(s) and community leaders.
15. The physician must not have been "out of status" (as defined by the Immigration and Naturalization Service of the United States Department of Justice) for more than 210 days since receiving a visa under 8 USC 1182 (j) of the Immigration and Nationality Act, as amended. The physician shall provide the FCC all copies of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status, forms IAP-66 and every other document needed to verify status. The name of the foreign trained provider must be provided during the initial "Site Predetermination Application" process in order to remain compliant with this requirement.

16. A statement in writing is required indicating that the home government has no objection to the waiver if the physician's medical education or training has been funded by the government of the graduate's home country. He or she should obtain this statement from the physician's embassy in Washington or home country. The "No Objection" statements for these physicians should contain the following or similar language:

Pursuant to Public Law 103-416, the Government of (Country) has no objection if (name and address of the foreign medical graduate) does not return to (Country) to satisfy the two-year foreign residence requirement of 212(e) of the Immigration and Nationality Act (INA).

17. The J-1 physician and his/her employer must, on commencement of practice and annually thereafter through the contract period, verify the physician's practice site address and field of practice. The reporting can be submitted on the "J-1 VISA Physician Verification of Employment Form" contained in this application packet. The first report must be submitted within 30 days. For population based HPSAs, documentation that the population the foreign physician was placed there to serve was indeed served must be submitted. The final report must indicate whether the J-1 physician intends to remain in the shortage area to practice. Failure to submit accurate reports in a timely manner that complies with the Mississippi J-1 Visa Waiver Guidelines will jeopardize future eligibility for J-1 VISA physician placements.
18. Job transfers must be approved by MSDH before the transfer occurs so that it can be determined if the new area is rural and still underserved. Refer to "Transfer" section for related procedures and minimum requirements.
19. National Interest Waiver Requests will be considered only for those J-1 or H1-B Visa Waiver applications that have been reviewed and/or recommendations made in regards to Mississippi's State 30, the Appalachian Regional Commission, and the Department of Agriculture's programs. Refer to "National Interest Waiver Letter Requests" section for specific policies and procedures.

102 **EMPLOYMENT CONTRACT:**

- 102.01 The J-1 physician is responsible for locating and negotiating a contract for a minimum of three (3) years and preferably four (4) years (unless the service requirement is amended) to provide care a minimum of 40 hours per week, as a primary care physician or psychiatrist in a federally designated HPSA in Mississippi. The 40 hours must be performed during normal office hours, or hours which best suit the needs of the community, and may not be performed in less than four (4) days a week. A weekly schedule must be included in all waiver requests. It is recommended that each party have its own legal representation in preparation of the contract.
- 102.02 The J-1 physician must be board eligible in his/her field of practice and eligible for Mississippi licensure.

- 102.03 By regulation (Immigration and Nationality Act, as amended, section 214(k) (1) [8U.S.C. (1184 (k) (1))], the J-1 physician must commence practice within 90 days of receiving a waiver.
- 102.04 The J-1 VISA physician must agree in writing that he or she will begin employment within 90 days of receiving a waiver; and a statement from the J-1 VISA physician regarding planned commitment to the community should be provided.
- 102.05 The Department of State and Immigration and Naturalization Services will be notified if a J-1 physician is found not to have reported or not be practicing medicine a minimum of 40 hours per week in the location for which the recommendation was made.
- 102.06 MSDH must be notified when the J-1 physician does not report for duty or leaves the practice site for whatever reason.
- 102.07 The employer and/or J-1 physician must notify MSDH of breach or termination of contract.
- 102.08 For the statutorily-required 3 years, there can be no changes to the contract that would result in the J-1 physician leaving the agreed-upon site and treating the patients he/she has agreed to treat in the manner agreed upon, unless the contract of resulting transfer has been approved by the MSDH.
- 102.09 The contract should not state commencement or expiration dates. It is a tentative contract based on the application being approved through MSDH, U.S. Department of State and Immigration and Naturalization Services.
- 102.10 A non-competition clause or any provision that purports to limit the J-1 physician's ability to remain in the area upon completion of the contract term is prohibited by regulation.
- 102.11 The contract may include a liquidation clause, but is not required by MSDH. However, any clauses that would require the J-1 physician to pay a sum to the employer for experience gained on the job or for the J-1 physician remaining in the area after the contract has ended are not allowed.

Include in all employment contracts the following information:

- guaranteed 3-year base salary
- benefits
- insurance
- field of practice, practice site name and address for 40 hours for at least 4 days per week, not including travel and on-call time; days and hours on site, if multiple sites.
- leave (annual, sick, continuing medical education, holidays)
- commencement date begins within 90 days of receipt of J-1 visa waiver

- statement that amendments shall adhere to State and Federal J-1 visa waiver requirements

103 **RECRUITMENT:**

103.01 The medical facility must provide evidence that other avenues, regionally and nationally, to secure a physician not bound by the 2-year home residence requirement have been undertaken over a period of at least the six (6) months prior to preparing/signing a contract.

103.02 Recruitment efforts must include regional and national print advertising stating the position available and the practice site location.

Copies of ads submitted must show the publication date. On-line ads must show the dates the ad was on-line.

Ads run at the time of or after preparation of the contract are not usable.

Advertising bill and payment receipts may be included.

Include copies of recruitment firm contracts, if applicable.

103.03 Documentation required, in response to national recruitment advertisements.

Copies of at least four (4) certified letters to medical schools.

Copies of CVs/resumes submitted in response to recruitment efforts.

Names of non-foreign physicians applying and/or interviewed and detailed justification on reasons not hired.

103.04 Priority hire must be given to physicians other than J-1 physicians (presumably H-1Bs) who apply for the waiver job and are qualified. The employer must show that hiring a J-1 physician is a last resort.

103.05 In addition to items 1, 2, 3, and 4, the sponsoring health care facility is required to publish a legal notice in their local newspaper and a state newspaper of general circulation in accordance with the following format. The Proof of Publication of this notice must be submitted with the Site Predetermination Application.

On _____, 200__, (name of J-1 sponsoring facility) requested that the Mississippi Department of Health support a J-1 VISA waiver of the two-year foreign residency requirement of (physician name) in exchange for (Primary Care or Specialty Care) health services to (name of underserved area), an underserved area of the state, if approved by the U.S. Department of State.

Copies of the letter of support and/or opposition are available from the sponsoring facility, on the Mississippi Department of Health's Web Site (www.MSDH.state.ms.us), or by request from the Director, Office of Rural Health and Primary Care, Mississippi Department of Health, and P.O.Box 1700, Jackson, MS 39215-1700. Any interested party should submit their letter to the address above by (date).

104 **PROHIBITIONS:**

104.01 MSDH will not consider recommendations under the following circumstances:

1. Preliminary determinations over the telephone prior to final review of the Site Predetermination being completed.
2. Medical facilities located in those counties which are a part of the Appalachian Regional Commission are not eligible to recruit primary care J-1 VISA physicians through this Conrad State 30 J-1 Visa Waiver Program, with the exception of psychiatrists and specialists.
3. Requests from areas/populations that have become fully served due to sufficient placement of physicians, unless a previously recommended J-1 physician has left the area or for replacement of local physicians who have discontinued practice in a designated area. Exceptional circumstances will be reviewed on a case-by-case basis.
4. More than two (2) site predetermination applications per employer each federal fiscal year.
5. A request for a J-1 physician who's last IAP-66 has expired more than 210 days prior to the time the site predetermination application request is submitted.
6. Requests from an employer who is a former J-1 physician currently fulfilling his/her required 3-year obligation.
7. A waiver for a relative or acquaintance of the employer.

105 **TRANSFERS:**

105.01 The following guidelines and procedures apply for J-1 VISA physicians transferring from one HPSA to another, from one organization to another, or within the same HPSA. A "Transfer Notification Form" is included in this application packet. A minimum two year commitment by the J-1 VISA physician to practice in the new site is required.

1. The proposed transfer site must meet all of the eligibility and program requirements. Completion of a Site Predetermination Application will be required for those transferring to a HPSA (if not the same HPSA) or to a new sponsoring facility organization.
2. The foreign physician shall make no plans for a transfer or moving of personal possessions until the PCO has reviewed and/or approved the request.
3. The J-1 physician retains sole responsibility for notifying their current employer of the intent to transfer, and payment of any financial penalty caused by a breach of contract, as determined by the original or current employer or as specified in their employment contract.
4. If the foreign provider is being retained by the original employer, and is being transferred to another HPSA to better serve the residents of

Mississippi, the new community's population to patient ratio must exceed the 3000:1 threshold requirement, and need for the foreign provider in the community must be documented.

a. Responsibility of the J-1 VISA Physician:

Notify the Office of Rural Health and Primary Care, in writing, of the intent to transfer, detailing the reason for the transfer; and a statement acknowledging agreement to the proposed transfer, if applicable.

Provide the Office of Rural Health and Primary Care with the new practice site, address, telephone number, employer, hours of work, and proposed date of transfer; and

The new site must meet all requirements of the Program Guidelines.

b. Responsibility of First Employer:

Provide a letter to the Office of Rural Health and Primary Care releasing the J-1 VISA physician from employment; and/or

Provide an explanation for transfer or termination of contract.

c. Responsibility of Second Employer:

Provide a letter to the Office of Rural Health and Primary Care of the intent to employ the J-1 VISA physician;

Provide the Office of Rural Health and Primary Care with a copy of the employment contract; and

Provide in writing, with documentation, that the new site meets the eligibility requirements in the Mississippi J-1 Visa Waiver Guidelines and the federal agency sponsoring the J-1 visa waiver.

5. For the foreign physician transferring from another state to a HPSA in Mississippi, the following must be provided:

- a. A Site Predetermination Application must be completed. If an approval is provided, a complete J-1 Visa Waiver application must be submitted, to include a four (4) year employment contract.
- b. The foreign provider must obtain a Mississippi medical license prior to commencing practice.

106 **FOREIGN PHYSICIANS RELEASED DUE TO TERMINATION, MUTUAL RELEASE, OR DEATH:**

106.01 The PCO must be informed in writing by the sponsoring employer of the following circumstances:

1. the sponsoring employer determines that there is reasonable cause to terminate the employment contract of a foreign provider;

2. the employer and foreign provider mutually agree to the release from employment;
 3. there are no funds to reimburse the foreign provider for their services; or
 4. there is a loss due to the death of the foreign provider.
- 106.02 PCO will assist, in a limited way, the sponsoring employer and foreign physician in resolving termination disputes. However, PCO will assume no position in the dispute.
- 106.03 PCO will assist, in a limited way, the foreign provider in securing another position in the state.

107 NATIONAL INTEREST WAIVER (NIW) LETTER REQUESTS:

- 107.01 The following policies apply to foreign medical physicians applying for National Interest Waiver Letter Recommendations. The Office of the State Health Officer maintains the responsibility within the state of recommending and processing, through its Office of Rural Health and Primary Care, NIW requests.
1. The facility or geographical area in which the foreign physician's placement has occurred must be currently designated as a Mississippi health professional shortage area (HPSA) by the MSDH Office of Rural Health and Primary Care.
 2. A current letter of support from the health facility or medical provider who has sponsored the original J-1 or H1-B Visa Waiver must be provided which indicates that the foreign physician placement has resulted in an acceptable or satisfactory condition to support the delivery of primary care services.
 3. A statement must be provided, dated and signed by the foreign physician, that he/she agrees to meet the original obligations of the employment contract entered as PL 106-95 does not change the foreign physician's obligation of the original contract terms.
 4. In the event that the foreign physician requesting a NIW support letter has completed the original contract terms, the terms noted in items 1 and 2 must be met for consideration of a NIW support letter.
 5. The NIW support letter will be addressed to the entity who requests the letter, either the individual foreign physician or the designated representative.
 6. A NIW support letter will not be provided when circumstances present that a foreign physician has transferred to a work site other than the original placement without notification to the MSDH.
 7. In addition to items 1 through 5, if applicable, J-1 physicians that completed service obligations in another state or H1-B physicians must provide a letter of support from the interested government agency that

sponsored the foreign medical graduate. The support letter should state that the foreign medical graduate's service was in the public interest and that his/her placement resulted in acceptable (or satisfactory) conditions to support the delivery of primary or specialty care.

8. In addition to items 1 through 5 and 7, J-1 physicians from another state or H1-B physicians seeking NIW letters must provide support letters from the new sponsoring facility, as well as the local medical community for the placement.
9. Physicians from another state or H1-B physicians must receive approval for NIW recommendation through the Office of the State Health Officer.

CERTIFICATION SECTION

I certify that I have read and fully understand the terms and conditions of the Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines.

Signature, Applying Physician

Date

I certify that I have read and fully understand the terms and conditions of the Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines.

Signature, CEO, Sponsoring Medical Facility

Date

**MISSISSIPPI Conrad State 30
J-1 VISA Physician Application Instructions**

PURPOSE

To allow physicians to apply for the Physician J-1 Visa Waiver under the Mississippi Conrad State 30 J-1 Visa Program.

INSTRUCTIONS

Application may be completed by applying physician, sponsoring medical facility, or assigned legal representative.

Section A (MSDH Office of Rural Health and Primary Care Cover Letter)

Applicant should prepare and submit a cover letter with applicable items in 1 through 7 below. The Office of Rural Health and Primary Care cover letter should be provided on employing facility's official letterhead (letterhead should contain address, phone number and FAX number if facility has a fax number of employing facility).

6. A complete description of the program or activity in which the foreign-trained provider will be engaged, and proposed office hours available to the community.
 7. Name of doctor and medical specialty; name and location of last educational/training program where provider obtained degree; and country of origin.
 8. Complete address of practice location(s) including street address, city and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
 9. Certification that the facility or practice where the J-1 physician will work must have been operational at least (6) months. Evidence should include the business license and occupancy permit and staffing list.
 10. If this application is for a specialist also include the following in the cover letter: a section providing the information required in Section O of this application packet "Addendum for Specialist" for the applicable specialist category.
-
6. Please submit with the Site-Predetermination Application: A signed copy of the "Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines", as signed by the executive of the sponsoring medical facility and applying physician. Signed copies indicate that you have read and understand the requirements of the J-1 physician's waiver service commitment, and that the employer will structure the J-1 physician's practice so as to facilitate the J-1's compliance with these requirements.
 7. Federal regulations allow states to utilize FLEX slots to recommend placement of a J-1 provider at a facility that is not located in a HPSA. However, the facility must provide proof that 25% of individuals being served by the facility reside in a HPSA. Facility must identify HPSA and provide patient origin data covering the previous 12 months period as proof. The placement must still result in a provider to population ratio of at least 3000:1 or greater.

SECTION B (Mississippi J-1 VISA Site Predetermination Application Form)

CEO or Facility Representative must certify Site Predetermination Form.

Applicant must provide the following on the Site Predetermination Form:

Current HPSA Designation;

Indicate J-1 Program Applying For;

Indicate Type of Practice;

Provide Name and Address of Practice Site and Name and Address of Sponsoring Medical Facility (if different from Practice Site);

List Current Staffing Level Of Practice Site (indicate what medical staff providers are at site);

List Each Position potentially to be filled With a J-1 VISA Holder (include Specialty area of practice and approximate date needed);

Provide Name, Title and Telephone No. Of Contact Person;

Indicate if prospective foreign-trained provider is more than 210 days “out-of-status” with Immigration National Service; and

Submit a copy of physician resume, board certification information, federal IAP-66 forms (readable copies for each year in J-1 status (from entry to the present)), and tentative employment contract.

Facility CEO or Facility Representative must initial items A-G on the Site Predetermination Form to assure the following:

- A. Acceptance of all patients regardless of their ability to pay. *Provide written adopted and dated organizational policy.
- B. Implementation of a schedule of discounts or sliding fee scale for patients whose income is under 200% of the federal poverty level. A copy of the sliding fee schedule must be posted in a conspicuous place in the waiting area for all patients to see. Applicant must submit a copy of sliding fee scale and provide instructions for interpretation. Sliding fee not required for specialist placements.
- C. Acceptance of Assignments of Medicaid and Medicare Part B. Applicant must enclose Verification from Medicaid and Medicare.
- D. The provision of a service continuum that includes comprehensive primary and/or mental health care. Applicant must submit documentation.
- E. The provision of appropriate arrangements for secondary, tertiary and after-hours care. Applicant must submit documentation.
- F. Funds are currently available to support identified position(s), including support personnel. The proposed salary for the J-1 physician must be comparable to U.S. physicians in the geographical area.
- G. Attempts to recruit an American citizen for the position(s) listed have failed to date but remain ongoing. Applicant must submit documentation or evidence of recruitment efforts during the six-month period preceding the date of the application, i.e. recruitment ads from newspapers, national publications (required), medical school contacts, etc.

Applicant must provide this additional information in accordance with the “Requirement Section” of the Site Predetermination Form:

- 1. A description of the unmet need in the community; any access barriers which are unique to the site’s service area; and how the foreign provider will satisfy and reduce the unmet need. (Note: Pediatric, specialists and obstetrical requests should be specific to that population.)
- 2. A description of the current health care resources in the area, i.e., primary care clinics, hospitals, number of full-time equivalent primary care physicians by name and specialty and number of hours available to patients. This information is vital in determining FTE providers.

3. Provide three or more support letters from local practicing physicians, support letters from area hospital administrator(s), and three or more support letters from community leaders.
4. Information regarding size and nature of current practice, utilization data, how the J-1 physician will be utilized (e.g. J-1 will replace retiring or departing physician); provide information regarding level of public service rendered by the employing entity (to include percentage of practice spent serving Medicaid, Medicare and/or indigent patients, respectively).
5. Submit copy of audited or personal financial statements documenting viability of the employing entity to support placement.

Section C (Certification of Compliance with MS CONRAD STATE 30 J-1 Visa Waiver Program)

Applying Physician and CEO of sponsoring medical facility must sign and date. Applicant must also submit signed copy of *Mississippi CONRAD STATE 30 J-1 Visa Waiver Program* Guidelines.

Section D (Notarization of Attestation Compliance with No Objection Requirement)

Applying Physician must sign and date and have form notarized.

Section E (Notarization of Physician Attestation of None Relation/Acquaintance)

Applying Physician must sign and date and have form notarized.

Section F (Notarization of Employer Attestation of None Relation/Acquaintance)

CEO, Sponsoring Medical Facility must sign and date and have form notarized.

Sections G (Mississippi CONRAD STATE 30 J-1 Visa Complete Application Packet)

Please provide an original and two (2) copies of the ***Mississippi J-1 Visa Waiver Programs Site-Predetermination Application Form*** (Sections A through F of this Application) **and the information listed below assembled in the following order.** A cover letter and Table of Contents must be included. Each section should be separated by a tab. Each individual copy of the application should be bound with a two-prong clasp placed horizontally at the top of the page. **The USIA File Number must be included on all pages.**

The items listed in 1 through 28 below are required to be submitted to the MS Office of Rural Health and Primary Care:

1. The MSDH, Office of Rural Health and Primary Care cover letter from sponsoring/submitting entity, with original signature, on the facility's letterhead, and G-28, if appropriate. Office of Rural Health and Primary Care cover letter format template is provided in ***Section A*** of the Application Packet.
2. The Mississippi J-1 Visa Waiver Programs Site-Predetermination Application (Sections A through F) and all of the documentation required by the form.
4. Verification that Sponsoring Medical Facility accepts assignment of Medicaid and Medicare.
4. Mississippi State Department of Health's Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines (Signed and dated; Original signatures required.)
5. Two copies of the US Department of State Data Sheet (blank copy at their website.)
6. Readable copies of J-1's IAP-66 forms for each year in J-1 status (from entry to the present). Foreign trained provider must not have been "out-of-status" for more than 180 days since receiving a visa.

7. CV, including Social Security Number.
8. Copy of notarized, dated, executed tentative employment contract (See “Employment Contract” Section of Guidelines for minimum requirements.)
9. Documentation of employer’s regional and national recruitment efforts (See “Recruitment” Section of Guidelines for minimum requirements).
10. Proof of current HPSA designation. If sponsoring medical facility is not located in a HPSA (see item #7 Section A- Cover Letter Template for submission requirements).
11. Three or more letters of community support from community leaders, three or more support letters from local physicians, and support letters from hospital administrators serving area. Depending on the # of physicians serving the service area, additional support letters from local physicians may be requested by of Office of Rural Health and Primary Care.
12. Three or more letters of recommendation from those who know the J-1 physician’s qualifications.
13. Qualifications’ Information (copies of diplomas, licenses, board certification). Also include proof of board certification for Mississippi or proof of application submission.
14. Proof of facility’s existence (business license, occupancy permit, phone book listing, etc.) Further documentation may be required.
16. List of all psychiatrists or primary care physicians in the area, their fields of practice, and number of hours available to patients within the service area.
17. If application is requesting placement of a specialist, provide listing of all specialists in same specialty in service area, their number of hours available to patients within the service area, and include information on the proposed specialists referral pattern. and a section providing the information required in Section O of this application packet “Addendum for Specialist” for the applicable specialist category.
17. I-94.
18. Certification of Compliance with Mississippi Conrad State 30 J-1 Visa Waiver Program.
19. Notarized Attestation that there is no objection by home country to waiver (See Section 101.16 of Guidelines). The guidelines are in Section P of this application packet.
20. Notarized attestation by applying physician that applying physician and employer and staff were not acquainted or related prior to his/her application (**Section E** of Application).
21. Notarized attestation by employer that employer and staff were not acquainted or related with the applying physician prior to his/her application (**Section F** of Application).
22. Copy and Proof of Legal Notice Publication regarding intent to apply for J-1 Visa Waiver (see **Section H** of Application).
23. Certification of Compliance with Mississippi Conrad State 30 J-1 Visa Waiver Program Policy for Charges for Health Care Services (see **Section I** of Application).
24. Notarized USIA Exchange Visitor Attestation form (see **Section J** of Application).

25. Notarized USIA Employer Attestation form (see **Section K** of Application).
26. Certification of Compliance with Mississippi Conrad State 30 J-1 Visa Physician Verification of Employment (see **Section L** of Application).
27. Certification of Compliance with Mississippi Conrad State 30 J-1 VISA Physician Transfer Notification Form (see **Section M** of Application).
29. Completed USIA Return Address label form.

Section N (US Department of State Submission Requirements)

Applicant should read and comply with US Department of State requirements on page regarding submitting US Department of State Data Sheet and US Department of State processing fee. Applicant should view US Department of State website for details.

Section O (Addendum for Specialist)

Provide required information for specialty category if application is for placement of specialist.

Section P (Mississippi CONRAD STATE 30 J-1 Visa Program Guidelines)

Applying Physician and CEO of sponsoring medical facility must sign and date. Applying Physician and CEO should make copy of guidelines and maintain for their reference and file.